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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/653,118 | 08/31/2000 | Olivier F. Bodenmann | 19414-05249 |

Neil F Maloney
 Fenwick & West LLP
 Two Palo Alto Square
 Palo Alto, CA 94306



FORMALITIES LETTER



OC000000005506220

Date Mailed: 10/26/2000

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 690 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).
- Total additional claim fee(s) for this application is \$804.
 - \$180 for 10 total claims over 20.
 - \$624 for 8 independent claims over 3
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 1624.**

A copy of this notice MUST be returned with the reply.

11/24/2000 GTEFFERA 00000034 192555 09653118

| | | |
|-----------|--------|----|
| 01 FC:101 | 710.00 | OP |
| 02 FC:105 | 130.00 | OP |
| 03 FC:103 | 180.00 | OP |
| 04 FC:102 | 36.00 | CH |
| | 604.00 | OP |

m. m. Middleton
 Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE



APPLICANTS: Rolf Ambuehl *et al.*

APPLICATION NO.: 09/653,118

FILING DATE: August 31, 2000

TITLE: MULTILINK RECEIVER FOR MULTIPLE CORDLESS APPLICATIONS

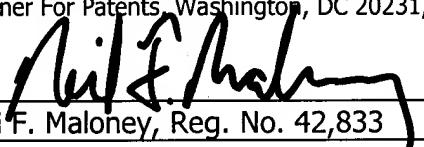
EXAMINER: Unknown

GROUP ART UNIT: 2631

ATTY. DKT. NO.: 19414-05249

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner For Patents, Washington, DC 20231, on the date shown below:

Dated: November 15, 2000 By: 
Neil F. Maloney, Reg. No. 42,833

BOX MISSING PARTS
COMMISSIONER FOR PATENTS
WASHINGTON, DC 20231

**RESPONSE TO NOTICE TO FILE MISSING
PARTS OF APPLICATION**

SIR:

Responsive to Notice to File Missing Parts dated October 26, 2000 received in the above-identified patent application, enclosed are:

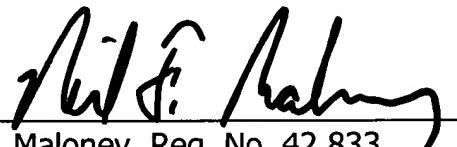
- a copy of the Notice to File Missing Parts;
- an original, signed Declaration;

payment in the amount of \$1,624.00 for the application filing fee,
additional claims, and missing parts surcharge;
 Other:

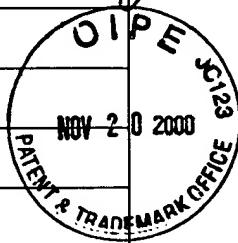
Respectfully submitted,
ROLF AMBUEHL *et al.*



Dated: November 15, 2000

By: 
Neil F. Maloney, Reg. No. 42,833
Attorney for Applicants
Fenwick & West LLP
Two Palo Alto Square
Palo Alto, CA 94306
Tel.: (415) 875-2477
Fax: (415) 281-1350

| | | | |
|--|----|------------------------|---------------------|
| 0001/PTO Rev. 10/95 TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i> | | Application Number | 09/653,118 |
| | | Filing Date | August 31, 2000 |
| | | First Named Inventor | Rolf Ambuehl et al. |
| | | Group Art Unit Number | 2631 |
| | | Examiner Name | Unknown |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 19414-05249 |



TRANSMITTAL FORM

*(to be used for all correspondence during pendency of
filed application)*

ENCLOSURES *(check all that apply)*

| | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input checked="" type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> Small Entity Statement | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Information Disclosure Statement & PTO-1449 | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Copies of IDS Cited References | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Request for Corrected Filing Receipt | |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | |
| <input type="checkbox"/> Amendment/Response: [] Page(s) | |
| <input type="checkbox"/> After Final | |
| <input type="checkbox"/> Status Request | |
| <input type="checkbox"/> Revocation and Power of Attorney | |

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT

| | | | |
|--------------------|---|--------|-------------------|
| Signature: |  | | |
| Attorney/Reg. No.: | Neil F. Maloney, Reg. No. 42,833 | Dated: | November 15, 2000 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box Missing Parts, Commissioner for Patents, Washington, DC 20231 on the date shown below. If the Express Mail Mailing Number is filed in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

| | | | |
|---|------------------------|--------|-------------------|
| Signature: | <i>Neil F. Maloney</i> | | |
| Typed or Printed Name: | Neil F. Maloney | Dated: | November 15, 2000 |
| Express Mail Mailing Number (optional): | | | |

| | | | |
|------------------------------------|--|---|--|
| 0002/PTO(modified) Rev. 10/2000 | U.S. Department of Commerce Patent and Trademark Office | <i>OPEN</i> FEE TRANSMITTAL TOTAL AMOUNT OF PAYMENT Subtotal (1) + Subtotal (2) + Subtotal (3) = (<u>\$1,624.00</u>) | |
| | | Complete if Known Application Number 09/653,118 Filing Date August 31, 2000 First Named Inventor Rolf Ambuehl et al. Group Art Unit 2631 Examiner Name Unknown Attorney Docket Number 19414-05249 <i>NOV 20 2000</i> <i>PTENT & TRADEMARK OFFICE</i> | |

| METHOD OF PAYMENT | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input checked="" type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. [†] <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th><u>Large Entity</u></th> <th><u>Small Entity</u></th> <th></th> <th></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>105/\$130</td> <td>205/\$65</td> <td>Surcharge - late filing fee or oath</td> <td>130</td> </tr> <tr> <td>127/\$50</td> <td>227/\$25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>147/\$2,520</td> <td>147/\$2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>115/\$110</td> <td>215/\$55</td> <td>Extension for response within first month[†]</td> <td></td> </tr> <tr> <td>116/\$390</td> <td>216/\$195</td> <td>Extension for response within second month[†]</td> <td></td> </tr> <tr> <td>117/\$890</td> <td>217/\$445</td> <td>Extension for response within third month[†]</td> <td></td> </tr> <tr> <td>118/\$1,390</td> <td>218/\$695</td> <td>Extension for response within fourth month[†]</td> <td></td> </tr> <tr> <td>128/\$1,890</td> <td>228/\$945</td> <td>Extension for response within fifth month[†]</td> <td></td> </tr> <tr> <td>119/\$310</td> <td>219/\$155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>141/\$1,240</td> <td>241/\$620</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>142/\$1,240</td> <td>242/\$620</td> <td>Utility Issue Fee (Or Reissue)</td> <td></td> </tr> <tr> <td>143/\$440</td> <td>243/\$220</td> <td>Design Issue Fee</td> <td></td> </tr> <tr> <td>122/\$130</td> <td>122/\$130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>126/\$180</td> <td>126/\$180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>179/\$710</td> <td>279/\$355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>581/\$40</td> <td>581/\$40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146/\$710</td> <td>246/\$355</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149/\$710</td> <td>249/\$355</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (specify):</td> <td></td> </tr> <tr> <td colspan="2"></td> <td>Other fee (specify):</td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">SUBTOTAL (3) <u>(\$ 130)</u></td> <td></td> </tr> <tr> <td colspan="2"> 2. CLAIMS <table border="1"> <thead> <tr> <th><u>Large Entity</u></th> <th><u>Small Entity</u></th> <th></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102/\$80</td> <td>202/\$40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104/\$270</td> <td>204/\$135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109/\$80</td> <td>209/\$40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> </td> <td colspan="2"> <table border="1"> <thead> <tr> <th rowspan="2"><u>For</u></th> <th rowspan="2"><u>No. of Existing Claims</u></th> <th colspan="2"><u>(Col. 2)</u></th> <th colspan="2"><u>(Col. 3)</u></th> <th rowspan="2"><u>Fee Due</u></th> </tr> <tr> <th><u>Highest No. Previously Paid For</u></th> <th><u>Extra**</u></th> <th><u>x</u></th> <th><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>30</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>10</td> <td>180</td> </tr> <tr> <td>INDEP</td> <td>11</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>8</td> <td>624</td> </tr> <tr> <td colspan="7" style="text-align: center;">[] First presentation of multiple dependent claim</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">SUBTOTAL (2) <u>(\$ 804)</u></td> </tr> <tr> <td colspan="4"> SUBMITTED BY Typed or Printed Name Neil F. Mahoney Signature Neil F. Mahoney </td> <td colspan="2"> Complete (if applicable) Reg. Number 42,833 Date November 15, 2000 </td> </tr> </tbody> </table> | | <u>Large Entity</u> | <u>Small Entity</u> | | | Fee Code/Fee | Fee Code/Fee | Fee Description | Fee Due | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | 130 | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | 115/\$110 | 215/\$55 | Extension for response within first month [†] | | 116/\$390 | 216/\$195 | Extension for response within second month [†] | | 117/\$890 | 217/\$445 | Extension for response within third month [†] | | 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | 119/\$310 | 219/\$155 | Notice of Appeal | | 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | 143/\$440 | 243/\$220 | Design Issue Fee | | 122/\$130 | 122/\$130 | Petitions to the Commissioner | | 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | Other fee (specify): | | | | Other fee (specify): | | | | SUBTOTAL (3) <u>(\$ 130)</u> | | 2. 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| <u>Large Entity</u> | <u>Small Entity</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115/\$110 | 215/\$55 | Extension for response within first month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116/\$390 | 216/\$195 | Extension for response within second month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117/\$890 | 217/\$445 | Extension for response within third month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118/\$1,390 | 218/\$695 | Extension for response within fourth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128/\$1,890 | 228/\$945 | Extension for response within fifth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119/\$310 | 219/\$155 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141/\$1,240 | 241/\$620 | Petition to revive unintentionally abandoned application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142/\$1,240 | 242/\$620 | Utility Issue Fee (Or Reissue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143/\$440 | 243/\$220 | Design Issue Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122/\$130 | 122/\$130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$180 | 126/\$180 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179/\$710 | 279/\$355 | Request for Continued Examination (RCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146/\$710 | 246/\$355 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149/\$710 | 249/\$355 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) <u>(\$ 130)</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS <table border="1"> <thead> <tr> <th><u>Large Entity</u></th> <th><u>Small Entity</u></th> <th></th> </tr> <tr> <th>Fee Code/Fee</th> <th>Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102/\$80</td> <td>202/\$40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104/\$270</td> <td>204/\$135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109/\$80</td> <td>209/\$40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> | | <u>Large Entity</u> | <u>Small Entity</u> | | Fee Code/Fee | Fee Code/Fee | Fee Description | 103/\$18 | 203/\$9 | Claims in excess of 20 | 102/\$80 | 202/\$40 | Independent claims in excess of 3 | 104/\$270 | 204/\$135 | Multiple dependent claim | 109/\$80 | 209/\$40 | Reissue independent claims over original patent | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | <table border="1"> <thead> <tr> <th rowspan="2"><u>For</u></th> <th rowspan="2"><u>No. of Existing Claims</u></th> <th colspan="2"><u>(Col. 2)</u></th> <th colspan="2"><u>(Col. 3)</u></th> <th rowspan="2"><u>Fee Due</u></th> </tr> <tr> <th><u>Highest No. Previously Paid For</u></th> <th><u>Extra**</u></th> <th><u>x</u></th> <th><u>Fee</u></th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>30</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>10</td> <td>180</td> </tr> <tr> <td>INDEP</td> <td>11</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>8</td> <td>624</td> </tr> <tr> <td colspan="7" style="text-align: center;">[] First presentation of multiple dependent claim</td> </tr> </tbody> </table> | | <u>For</u> | <u>No. of Existing Claims</u> | <u>(Col. 2)</u> | | <u>(Col. 3)</u> | | <u>Fee Due</u> | <u>Highest No. Previously Paid For</u> | <u>Extra**</u> | <u>x</u> | <u>Fee</u> | TOTAL | 30 | minus* | 20 or 0 | = | 10 | 180 | INDEP | 11 | minus* | 3 or 0 | = | 8 | 624 | [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Large Entity</u> | <u>Small Entity</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code/Fee | Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$80 | 202/\$40 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$270 | 204/\$135 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109/\$80 | 209/\$40 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>For</u> | <u>No. of Existing Claims</u> | <u>(Col. 2)</u> | | <u>(Col. 3)</u> | | <u>Fee Due</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <u>Highest No. Previously Paid For</u> | <u>Extra**</u> | <u>x</u> | <u>Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 30 | minus* | 20 or 0 | = | 10 | 180 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 11 | minus* | 3 or 0 | = | 8 | 624 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (2) <u>(\$ 804)</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY Typed or Printed Name Neil F. Mahoney Signature Neil F. Mahoney | | | | Complete (if applicable) Reg. Number 42,833 Date November 15, 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |